

DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM

CHANGE FORM

Please complete when any association information has changed.

Return completed form to **Melissa Pryor**:

Mail: DelDOT M&O Bus. Mgmt.
PO BOX 778
Dover, DE 19903

Fax: (302) 739-7390
E-mail: Melissa.Pryor@delaware.gov

Association name:	
Association EIN/Tax ID:	
Association address: (reimbursement check/EFT notification will be sent here) NOTE: The DE Substitute W-9 must be completed by you ONLINE if the association address or banking information has changed. Use this link: https://esupplier.erp.delaware.gov You will need to call 302-672-5000 to request a user ID if you do not have one already.	
Name of association contact:	
Position held:	
Contact's address: (Annual packet and correspondence will be sent here)	
Home phone number:	
Work/Cell phone number(s):	
Email address:	
Alternate contact information: (Name, position, phone number)	
Notes/Comments:	